

FM-0900-1-HFR-687-0910-1- Hazardous Fuels Treatment  
Hiawatha National Forest

**CONTRACTOR QUESTIONNAIRE**

Instructions: Mark "X" in the appropriate boxes. Please list NA for inapplicable items. **You must provide the information requested in the attached contractor questionnaire.**

1. Type of Business (Please check appropriate line.)	
Company	
Corporation	
Non-profit Organization	
Co-partner	
Individual	

2. How many years of experience do you have in this line of work? \_\_\_\_\_

3. How many years of experience as a prime contractor? \_\_\_\_\_ subcontractor? \_\_\_\_\_

4. List the projects your business has completed in the last 3 years.

Contract Amount	Type of Project	Date Completed	Name and Telephone Number to Contact for Information/Reference

5. List all of your firm's current contract commitments.

Contract Number	Contract Amount	Type of Project	Est. Date of Completion	Name and Telephone Number to Contact For Information/Reference

6a. Have you ever failed to complete any work awarded to you? \_\_\_\_\_yes \_\_\_\_\_no

6b. Has work ever been completed by performance bond? \_\_\_\_\_ yes \_\_\_\_\_no

6c. If "yes" to either Question 6a. or 6b., please specify location(s) and reason(s):

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7. Organization that will be available for this project:

a. Minimum No. of employees:\_\_\_\_\_ Maximum No. of employees:\_\_\_\_\_

b. Are employees regularly on your payroll? \_\_\_\_yes \_\_\_\_no

c.If applicable, estimate rate of progress (i.e., acres per day):

Minimum progress rate: \_\_\_\_\_ Maximum progress rate: \_\_\_\_\_

8. List the experience of the principal individuals of your business.

Individual's Name	Present Position	Years Experience	Type of Work

9. Remarks:

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CERTIFICATION: I certify that all of the statements made above are complete and correct to the best of my knowledge and that any persons named as references are authorized to furnish the Forest Service with any information needed to verify my capability to perform this project.

Signature \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_